

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	1					
9	1					
10	1					
11	0					
12	1					
13	1					
14	1					
15	3					
16	1					
17	1					
18	1					
19	1					
20	1					
21	2					
22	2					
23	0					
24	0					
25	0					
26	0					
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31	0					
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50						
TOTAL IND.	2					
TOTAL DEP.	41					
TOTAL CLAIMS	43					

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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TOTAL DEP.												
TOTAL CLAIMS												